

Strengthening governance for global health research

The countries that most need health research should decide what should be funded

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As experts from around the world gather in Bangkok to attend the international conference for health research for development and to ponder the challenge of strengthening this research, they face a monumental task. About \$56bn (£37.3bn) per year is spent worldwide on health research by both the public and private sectors; this is more money than ever before.¹ Yet far more could be done both to increase the amount spent and to improve how funds are used. The Global Forum for Health Research, one of the sponsors of the Bangkok conference, estimates that less than 10% of research funds are spent on the diseases that account for 90% of the global burden of disease. This gap is now widely quoted as epitomising the inequitable nature of health research. The consequences of this gap are profound: diseases affecting large proportions of humanity are given comparatively little attention. Similarly, simple and low cost technologies, appropriate for use in settings with few resources, are undervalued and hence inadequately researched.¹

Much of the problem lies in how health research is governed. Governance of health research concerns the means and rules by which relevant stakeholders set and achieve their agreed research goals. This includes decisions about what kind of research should be supported, by whom, and for what ends. How good the governance of health research is can be assessed by criteria such as representativeness, transparency, and accountability.² Achieving good governance of health research is essential for ensuring research is ethically conducted, relevant to the people who it is targeted for, and of recognised scientific quality.

The state of global health research suggests that too often governance is not good. Imbalances in financial and intellectual resources between the wealthy and poor have contributed to the latter being the subject of health research that primarily benefits the former. How ethical is it to test drugs for AIDS in countries that cannot afford these treatments?³ Another challenge is that the competitiveness of medical research can hamper collaborative research.⁴ Money for research into tropical medicine usually comes from funding bodies such as North American and European governments, foundations such as the Wellcome Trust and the Bill and Melinda Gates Foundation, and international agencies such as the World Health Organization's tropical diseases research programme. Each funding body tends to favour commissioning research themselves, rather than supporting research initiated by investiga-

tors; this makes it hard for some countries to set their own research priorities. Although there have been some efforts to improve coordination, for example through the multilateral initiative on malaria that tries to promote collaboration in the research community, most research relations are vertical—that is, they exist between research groups in a particular country and research groups or funders in the developed world. There is little horizontal interaction between research groups within countries.⁵ It is difficult to scrutinise the quality of funding decisions because of poor data on how much money is spent worldwide, by whom, and for what purposes.

A second area of concern is the role of research in health policy making as a whole. Research should have an important role in the policy process, providing the evidence for identifying issues and prioritising them, laying out the options for addressing policy problems, and feeding back the appropriateness of those decisions. Health research is thus a central component of effective health governance.

In developing countries the ability of national institutions to produce and use high-quality health research that is appropriate to their own needs can be weak at every stage of the policy process as described by Sitthi-Amorn and Somrongthong in this issue (p 813).⁶

Financial and technical support from donors to train and retain national researchers in these countries, and to build up research institutions where researchers can ply their trade, remains woefully inadequate. Without such support, developing countries will continue to struggle to define their own needs and to contribute meaningfully to research that meets those needs. This matters for global health because understanding the health needs of poorer communities is critical to the collective good of health worldwide. Health research is the starting point for achieving such an understanding.

It is on this basis that a new approach to global health research could be initiated in Bangkok. Developing countries should not be seen as recipients of charitable handouts but as partners in producing health research that is of a high quality and tackles major problems such as health inequalities, infectious diseases, and changes in the environment.⁷ Such an approach should begin with larger scale commitments by funding bodies to train researchers in developing countries in areas ranging from basic to applied research. Investment in research capacity would need to be made for the middle to long term, and it should be better coordinated and strategically deployed,

should be programme based rather than project based, and should make a more serious commitment to building local, national, and regional institutions. What must be different, above all, and no doubt will be most difficult for funding bodies to accept, is the need to at least share the driver's seat when it comes to making decisions. From this starting point, the governance of health research would need to be very different.

Kelley Lee *senior lecturer in global health policy*
Anne Mills *professor of health economics and policy*

Department of Public Health and Policy, London School of Hygiene and Tropical Medicine, London WC1E 7HT

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Global information flow

Publishers should provide information free to resource poor countries

Might information flow be one of the most important factors for improving health and development in resource poor settings? Development organisations have not thought so. They have concentrated on infrastructural projects, increasing the number of health workers and clinics, and programmes to eradicate infections. But now we are at the start of the information age, and we understand better the importance of information. The recent millennium assembly of the United Nations emphasised this in its statement on the right of access to information and communication. Information underpins the learning, research, and debate that drives a country forward. Access to information is essential for describing and understanding the deficiencies of the present, building visions of a better future, developing practical ways to achieve those visions, and educating and inspiring those who must make the future. Information empowers, and those who work with information must realise that its flow, like good communication, must be two way.

The information gap between the rich and the poor is currently widening, both between and within countries.¹⁻² The digital divide is more dramatic than any other inequity in health or income.¹ This lack of information persists—those medical libraries in sub-Saharan Africa that have had no current journals for years still don't have them.¹⁻⁵ Meanwhile, the electronic revolution is providing scientists and health workers in the developed world with unprecedented access to information. Whereas doctors in rural Africa may not have access to any information apart from outdated textbooks, doctors in the United States or Britain may be able to access hundreds of journals and other databases from their homes and hospitals.

Yet the electronic revolution that is currently widening the information gap will eventually narrow, and perhaps even abolish, the gap. It will always be expensive and slow to send journals to the developing world. The marginal cost of sending the paper editions of the *Lancet* or the *BMJ* every week for a year to Africa is well over £50, and they can take months to arrive. In contrast, the marginal cost of giving access to

electronic editions is zero (or close to zero if a password must be provided). What is more, those in resource poor countries can access electronic journals at exactly the same time as those in the developed world. Even better, they can access what is relevant rather than what was provided, much of which wasn't relevant. Best of all, they can participate in the debate in a way that was almost impossible with the slowness of distribution on paper.

The problem with this vision is the lack of access to the world wide web in the developing world. While tens of millions of people have access in the United States, it is only thousands in most African countries; and access in Africa is often painfully slow, intermittent, and hugely expensive relative to access in the United States (where it's often free). Power cuts happen every day in many resource poor countries. Yet there's every reason to expect that access should increase dramatically. India currently has a million people with internet access, but this is expected to rise to 40 million within five years. Similarly dramatic increases are expected in Nigeria. Technological developments like access to radio and the proliferation of satellites will render irrelevant the many problems of telephone access in Africa. Rapid progress will also be made because many international organisations—such as Unesco, the British government, the World Bank, and the Bill and Melinda Gates Foundation—are increasingly interested in helping improve information access in resource poor countries.⁶

The challenge will be sustainability. It is easy for donors to invest money and reap the rewards of short term success. But enhancing information flow will make no impact on health if projects continue only as long as their funding lasts. Information cannot be separated from the capacity of a healthcare system to work effectively over time. How is it possible to influence the context within which information will flow, the apparently intractable political, economic, and organisational constraints that disable rather than enable information to work for people?

Publishers in the rich world have a part to play. *Bmj.com* will continue to be free to those in the developing world whatever happens in the developed world,

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BMJ 2000;321:776-7